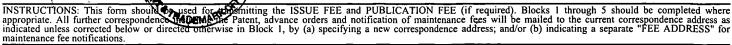
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with

AUG 2 8 2006

applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885



CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24998

7590

06/05/2006

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street, NW Washington, DC 20037

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)	
(Signature)	-
(Date)	

APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
₹ 10/798.357	03/12/2004	Elyse Clark	K8098.0000/P017	5610	

TITLE OF INVENTION: GIFT BAG WITH NAPPED FILAMENTARY SURFACE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	09/05/2006	
EXAMINER AR		ART UN	IT	CLASS-SUBCLASS		80000133 10798357	
PASCUA, JES F		3727		383-105000 02	FC:1501 FC:1504	1400.00 OP	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Newton, Connecticut							
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	oatent): 🔲 Individual 💆 (	Corporation or other priv	rate group entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of	• /			
Issue Fee				in the amount of the fee(s) is e			
	small entity discount permitte	:d)		by credit card. Form PTO-203			
Advance Order - # o	f Copies 5		The Dire Deposit A	ctor is hereby authorized by ch Account Number <u>04–107</u>	arge the required fee(s), (enclose a	or credit any overpayment, to an extra copy of this form).	
5. Change in Entity Status	(from status indicated above	)		<u></u>			
	MALL ENTITY status. See			cant is no longer claiming SMA		(0)()	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) vords of the United States Pate	te Fee and Publicat will not be accepted pp and Trademark	ion Fee (if an I from anyone Office.	ny) or to re-apply any previous e other than the applicant; a re	sly paid issue fee to the a gistered attorney or agen	application identified above. t; or the assignee or other party in	
Authorized Signature	attell f				ust 28, 2006		
Typed or printed name _	Elizabeth Pars	ons		Registration	No. <u>52,499</u>		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Complete if Known   Application Number   10/798_357-Conf. #5510	Under the R	erwork Reduction A	1995, no person are	required to	respond to a collectio		on unless it displays		control number
FEE TRANSMITTAL FOR Y 2005  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 1,715.00  Attorney Docket No. K8098.0000/P017  METHOD OF PAYMENT (check all that apply)  Check X Credit Card Money Order None Other (please identify): Deposit Account Deposit Account number 04-1073 Deposit Account Name Dickstein Shapiro LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge se(s) See (s) S	7 Page 12/08/2004.			Complete if Known					
For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 1,715.00  Attorney Docket No. K8098.0000/P017  METHOD OF PAYMENT (check all that apply)  Check X Credit Card Money Order No. Charge fee(s) indicated below Depost Account Name Dickstein Shapiro LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below. except for the filling fee (see) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC Filling, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  FILING FEES  FILING FEES  FILING FEES  FEE (9)  Pee (5)  Fee (9)  Pee (5)  Fee (9)  Pee (5)  Fee (6)  Fee (9)  Pee (5)  Fee (6)  Fee (7)  Fee (8)	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nun		10/798,357-Conf. #5610		, <u>,</u>	
Applicant dains small entity status. See 37 CFR 1.27  Ant Unit 3727  TOTAL AMOUNT OF PAYMENT (S) 1,715.00 Attorney Docket No. K8098.0000/P017  METHOD OF PAYMENT (check all that apply)  Check X Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 04-1073 Deposit Account Number 04-1074 Deposit Number 04	FEE TRANSMITTAL			Filing Date					
Application Type Fee (S) Fee (		For FY 2	005			<u> </u>	I		
TOTAL AMOUNT OF PAYMENT   (\$) 1,715.00   Attorney Docket No.   K8098.0000/PO17					Examiner Name				
Check   Credit Card   Money Order   None   Other (plcase identify):			T	<u> </u>					
Check	TOTAL AMOU	INT OF PAYMENT	(\$) 1,715.0	00	Attorney Docket	No.	(8098.0000/PC	)17	
Deposit Account   Deposit Account Number 04-1073   Deposit Account Name   Dickstein Shapiro LLP	METHOD OF	PAYMENT (check	all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below.  Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. Credit any overpayments  Fee(s)	Check	x Credit Card	Money Order	No	ne Other (	please ident	ify):		
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee	Deposit A	ccount Deposit Account	Number: 04-1073	Deposit Acc	count Name:	Die	ckstein Shapiro	LLP	
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments	For the	above-identified dep	osit account, the D	Director is	hereby authorize	ed to: (chec	k all that apply)		
Fee   Sunder 37 CFR 1.16 and 1.17     SEARCH		harge fee(s) indicate	d below		Charge	e fee(s) ind	icated below, ex	cept for th	ne filing fee
Telephone   Tele	C	harge any additional e(s) under 37 CFR 1	fee(s) or underpay	ment of	x Credit	any overpa	yments		
Pick			<del></del>						
Small Entity	1. BASIC FILIN	IG, SEARCH, AND E	XAMINATION FE	ES			*		
Application Type		FI		SE		EXAMIN			
Utility	Application T	vpe Fee (S		Fee (\$		Fee (\$)		Fees P	aid (\$)
Design									177
Plant	•	200	100	100	50	130	65		
Provisional   200   100   0   0   0   0   0   0   0   0	_		100	300	150	160	80		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  All this pecification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  1501 Utility issue fee 1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color  Registration No. (Automoy/Agent), 52,499 Telephone (202) 420-2611	Reissue	300	150	500	250	600	300		
Fee   S   Fee   S	Provisional	200	100	0	0	0	0		
Each claim over 20 (including Reissues)  Each lindependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  1.400.00  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  1501 Utility issue fee  1,400.00  8001 Printed copy of patent w/o color  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)  Signature	2. EXCESS CL	AIM FEES					•		Small Entity
Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Pee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee								Fee (\$)	Fee (\$)
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1501 Utility issue fee  1,400.00  8001 Printed copy of patent w/o color  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)  Fee Paid (\$)  Telephone (202) 420-2611									
Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  -3 =			uding Reissues)						
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1501 Utility issue fee  1,400.00  1504 Publication fee for early, voluntary, or normal 300.00  8001 Printed copy of patent w/o color  Telephone  Registration No. (Altorney/Agent) 52,499 Telephone (202) 420-2611			× =						
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4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color 15.00  SUBMITTED BY  Signature Registration No. (Altorney/Agent) 52,499 Telephone (202) 420-2611	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
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Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color 15.00  SUBMITTED BY Signature Registration No. (Attorney/Agent) 52,499 Telephone (202) 420-2611	4. OTHER FEE(S) Fees Paid (\$)								
SUBMITTED BY Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Signature  Registration No. (Attorney/Agent)  Signature  Sig	Non-English Specification, \$130 fee (no small entity discount)								
SUBMITTED BY Signature  Registration No. (Altorney/Agent) 52,499 Telephone (202) 420-2611	Other (e.g., late filing surcharge): 1501 Other state lee 1,400.00 1504 Publication fee for early voluntary or normal 300.00								
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Signature Registration No. (Attorney/Agent) 52,499 Telephone (202) 420-2611	SUBMITTED BY	-0/11	1						
		Chall.				52,499	Telephone	(202) 420	)-2611
	Name (Print/Type)	Elizabeth Parson	S		and the second		Date	August 28	3, 2006